Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Office of Facilities and Program Standards and Licensure 14 Harrington Road, Cranston, Rhode Island 02920 Phone # 462-2317 Fax # 462-0393

ADDENDUM TO LICENSE APPLICATION

License Number:		
Verification of Federal Employer Identific	ation Numbe	r and affidavit concerning taxpayer status.
applying for or renewing any license, per	rmit, or other ve filed all red to a written in	quired state tax returns and paid all taxes stallment agreement to pay delinquent
I hereby declare, under penalty of perjury have either paid all taxes due the state of with the Rhode Island Division of Taxation	or have entere	·
Name (Please Print)	_	
Signature	Date	Federal Employer Identification Number (FEIN)
Furnishing the FEIN is mandatory. The F Taxation pursuant to Chapter 75 of Title		ransmitted to the Rhode Island Division of de Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.